

<b>Case Number:</b>	CM13-0043544		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/28/1994
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in General Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 77 year old male with an industrial injury on 11/28/94. Patient is being treated for chronic pain syndrome, reflex sympathetic dystrophy of the lower limb and other chronic postoperative pain. Exam notes from 9/18/13 demonstrate patient has burning and throbbing in lower calf and ankle into the top of the feet bilaterally. Patient has weakness, stiffness and swelling in his joints along with leg cramps and muscle spasms. Patient had decreased range of motion of the bilateral ankles with pain. Notes indicate that surgery, medication, and physical therapy has been tried but has been unsuccessful in improving ankle pain or daily function. Request is prospective request for 24 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **PROSPECTIVE REQUEST FOR 24 SESSIONS OF PHYSICAL THERAPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Treatment Page(s): 40.

**Decision rationale:** Physical therapy is a treatment option for CRPS per the CA MTUS/Chronic Pain Medical Treatment Guidelines. However the patient has failed prior attempts at physical

therapy for CRPS. The request for 24 sessions of physical therapy is not medically necessary and appropriate.

**PROSPECTIVE REQUEST FOR 1 BILATERAL LUMBAR SYMPATHETIC BLOCKS:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, CRPS, Sympathetic Blocks

**Decision rationale:** The CA MTUS/ACOEM Guidelines is silent on the issue of lumbar sympathetic blocks. According to the Official Disability Guidelines (ODG) regarding sympathetic block it is indicated when there has been positive response to prior diagnostic blocks. As there is lack of evidence of this in the records the request cannot be supported. The request for 1 bilateral lumbar sympathetic block is not medically necessary and appropriate.

**PROSPECTIVE REQUEST FOR UNKNOWN PRESCRIPTION OF GRALISE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs(AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines Gralise (Gabapentin) is indicated for neuropathic pain such as cases of CRPS. In this case the prospective request is for unknown quantity of Gralise. The request for Gralise is not medically necessary and appropriate.